

# HIT Update Health Care Cabinet

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January 8, 2019



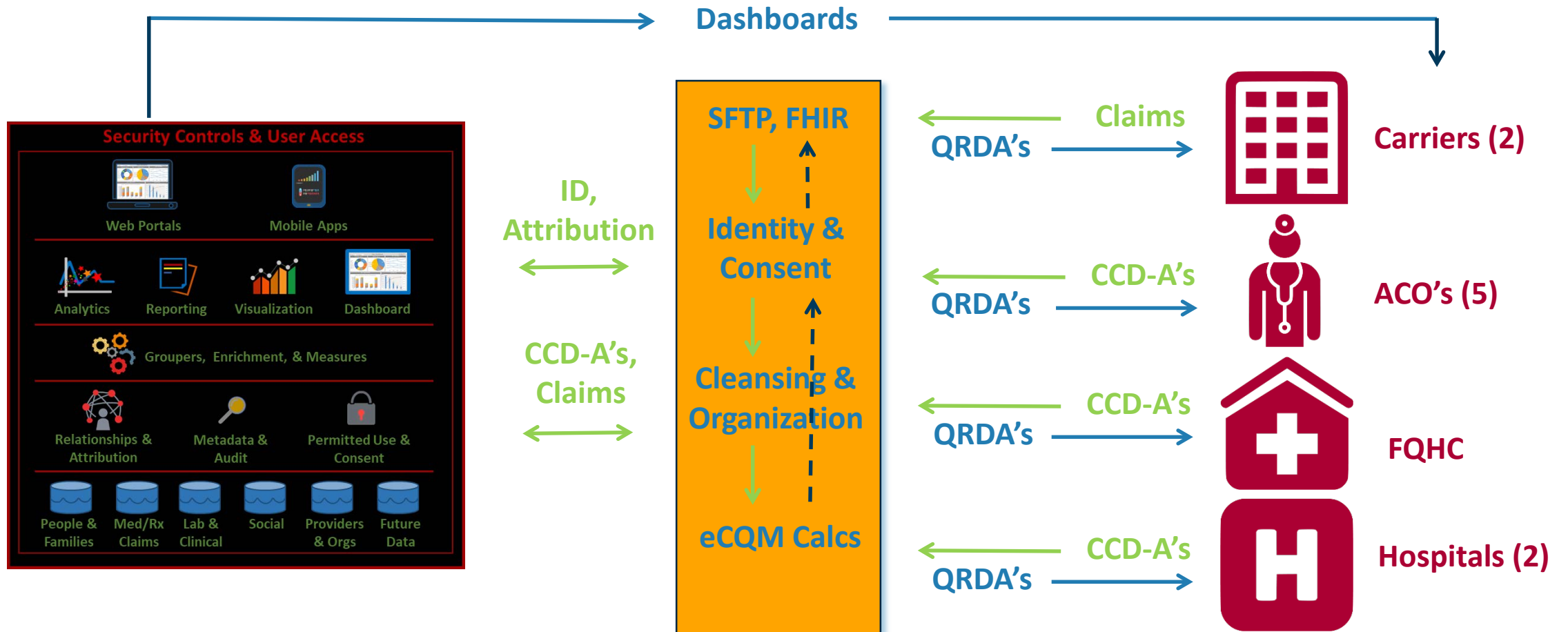
# eCQM and HIE Infrastructure Update

# Moving from Concept to Execution

## Collaborating with the Office of the State Comptroller to Prototype CDAS

- Collecting raw clinical and claims data to support extending to the State's Health Enhancement Plan (HEP) for state and municipal employees
- Measure quality outcomes through the clinical stratification of members' data (claims and clinical) to understand the health status complexity
- Enhance data analytics to enable the ability to measure person-centric (members) health outcomes and better gauge the overall effectiveness of HEP
- Building and testing the Core Data and Analytics Solution (CDAS)
- Building the Care Continuum and Consent Map to enable statewide data sharing
- Establishing a "network of networks" model for data sharing statewide

# CDAS Prototype



# Scaling Post-Prototype

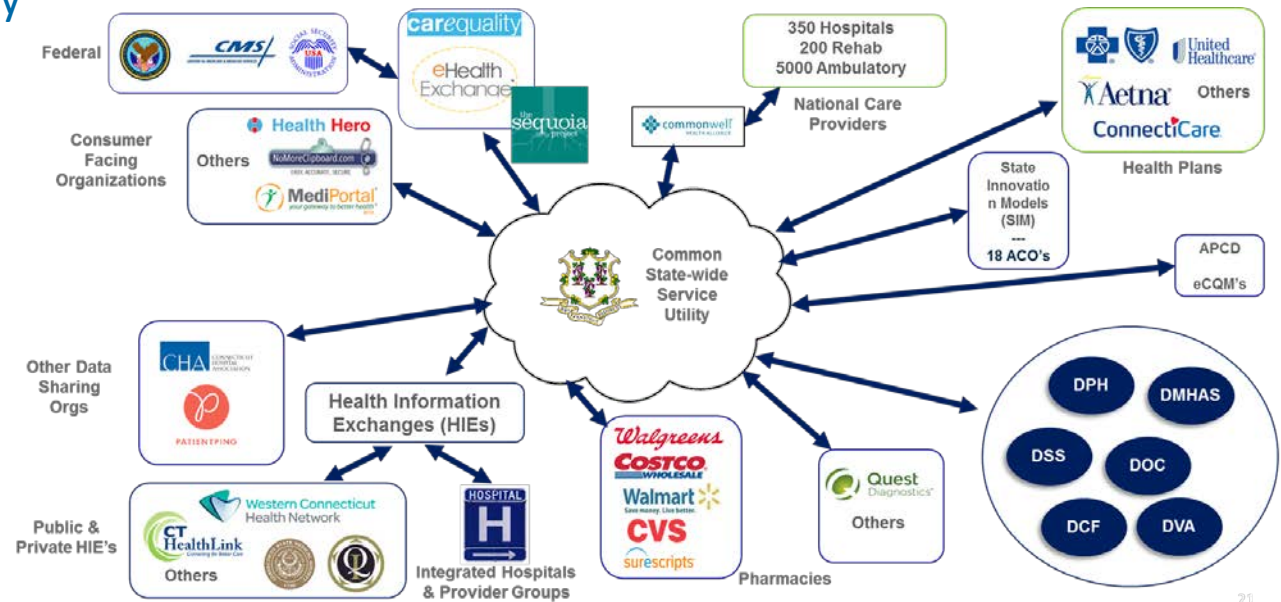
## Focusing on Building an Ecosystem

- ❑ **Taking a “Use Case” approach:**

  - Following guidance from CT HIT Advisory Council on priority use cases, but adjusting for “quick wins”
  
- ❑ **Partner rather than build/procure:**

  - Lot’s of opportunities to harness efforts already in place
  - Enable practitioner innovation
  
- ❑ **Use flexibility of architecture to explore emerging CT opportunities:**

  - HIE use cases in precision medicine, eConsultations, eConsents
  - Go straight to FHIR in some situations?



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**Speed is of the Essence**

# HIT Status

## eCQM Prototype

- ❑ **CDAS infrastructure available for testing:**
  - Testing with synthetic data
  - Finalizing security architecture
- ❑ **Prototyping participants identified:**
  - 8 clinical, 2 insurance
  - Finalizing data use agreements (Jan 2019)

## HIE Launch Status

- ❑ **Federal match funding approved Sep 5 (\$12.2M)**
- ❑ **Rapidly developing deployment plan:**
  - Incorporating entity (Jan 2019)
  - Post-prototype rollouts (target Mar 2019)
  - Trust framework (target Mar 2019)

## HIE Deployment

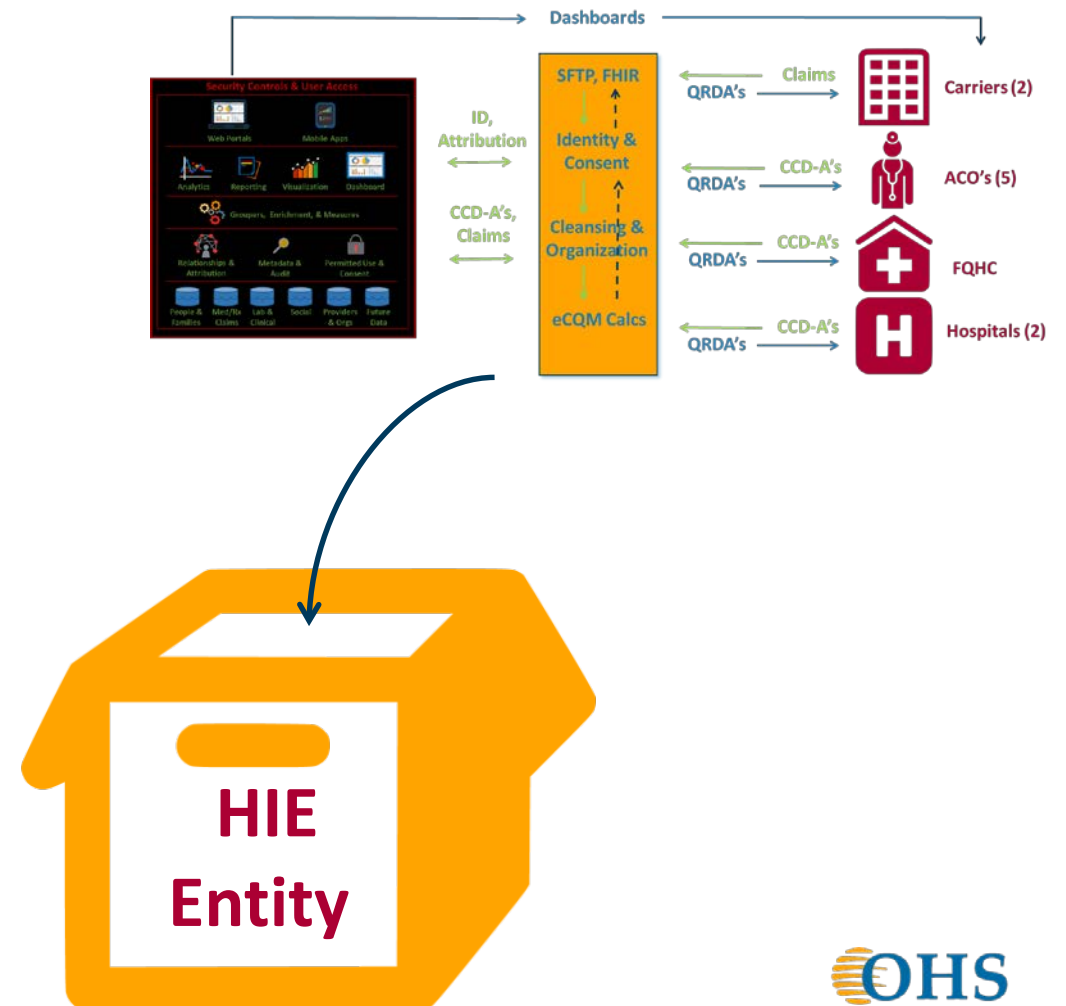
- ❑ **Preparing follow-on Federal match funding for FFY19-20 (~\$31.0M):**
  - HIE deployment to hospitals, physician groups, other care-giving settings
  - Developing a eConsent model for sensitive data
  - Establishing a Use Case Factory
  - Developing statewide medication reconciliation services
  - Enabling eConsultations

# HIE Entity Update

# “Neutral and Trusted” Entity – Key to Buy-In

## Establishing a Delivery Vehicle

- ❑ **Incorporating a non-governmental entity to ensure stakeholder governance:**
  - Articles of incorporation with OPM for signature
  - By-laws and ethics policies drafted for first board meeting
- ❑ **OHS is “incubating” the entity:**
  - Interim Chief Operating Officer hired
  - Key operational staff (7 FTE) hired or in recruitment
  - Key focus areas:
    - Trust framework
    - Business plan
    - Onboarding procedures





# Support Act – New HIT Opportunity

# HR 6 Sec. 5042 – New Opportunity for HIT

## HIT Implications of Sec. 5042

- ❑ ***Support Act HR 6 Sec. 5042 provides for expansion of capabilities and use of Prescription Drug Monitoring Programs (PDMP's):***
  - Requires covered providers must check PDMP's before prescribing controlled substances
    - Anticipate rules favoring use of HIE's and medication reconciliation solutions for this purpose (rules in OMB)
  - Requires electronic access to State PDMP's by Medicaid
  - Provides 100% Federal funding to facilitate compliance
    - States must have data sharing and access for providers for all contiguous states to qualify for funding
  
- ❑ ***HIT PMO convening relevant agencies to determine priorities:***
  - Includes DCP, DSS, DHMAS, DOC, OPM, DPH
  
- ❑ ***CT uniquely positioned to respond:***
  - Med Rec Advisory Group already focused on the issues
  - HIT architectures and existing IAPD funding creating pathways for data sharing and PDMP connections

# APCD Update

# APCD Activities

- ❑ **Medicaid data addition underway (target Mar 2019)**
- ❑ **Planning for operational transfer of APCD from AHCT to OHS (start Jan 2019):**
  - OHS must issue regs to supersede policies adopted by AHCT board
  - Must solve for funding July 1, 2019+
- ❑ **Increasing data accessibility and analytic capacity:**
  - Plan to put APCD extract into CDAS (target early Feb 2019)
  - Repositioning OHS vacancy to a data analyst role

## Approved Data Releases



## Pending Data Releases



# Transparency Website

# Consumer and Quality Website Program

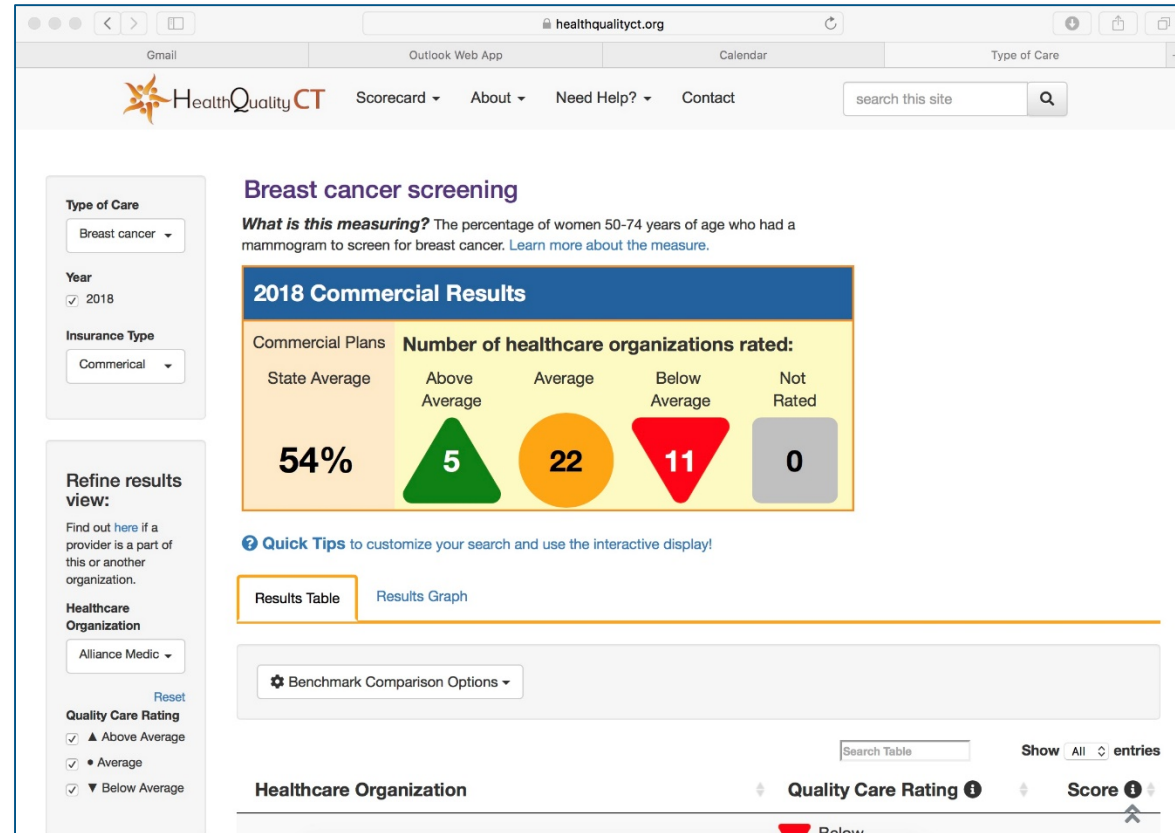
## Helping Consumers Make Better Healthcare Decisions

OHS, through the State Innovation Model grant, is about to launch a new consumer website that reports information related to healthcare cost and quality. The site, Healthscore CT, promotes access to healthcare quality information, data that measures healthcare performance, and comparative data for providers that will drive quality improvement.

Healthscore CT will release annually a performance assessment of healthcare organizations participating in value-based payment models. This information will be displayed on a web-based platform accessible to a broad set of stakeholders including patients, providers, and policymakers.

# Quality Scorecard - Status

- APCD data delivered for commercial insurers and Medicare Fee-for-Service
- Medicaid data being mapped to APCD, then will be delivered to scorecard team
  - Required legislative action to release the data
- Quality scorecards designed and in testing and validation
  - Prototype available



# Consumer Transparency - Status

- Research on price transparency reporting options and methodologies completed
- Feedback collected from stakeholders and classification framework for reportable services finalized
  - Services include 8 inpatient care, 21 outpatient procedures, and 22 outpatient diagnostic test pricing measures
- Reporting specifications and methodology shared and approved
- Final version of service price analysis using commercial claims data completed and delivered to OHS by Onpoint Health Data in 2018
- Planning on dissemination of findings in progress



# Proposed Consumer Transparency Plan

## Report 1

- *Introduction, methodology and exclusions published*
- *Approximately 15 services reported at statewide level including median, 25/75th percentile, and range*
- *Dedicated section to showcase results with health literacy in mind*

## Report 2

- *Everything in Report 1 plus:*
- *All 51 services reported*
- *Prices published for each facility, but facility names remain anonymous*
- *Additional content added to promote healthcare literacy*

## Report 3

- *Everything in Report 2 plus:*
- *Facility names published*

# Cabinet Cost Containment Sub-group

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## ❑ *Recapping priority recommendations:*

- Track price and utilization variations
- Over-utilization, waste, and under-utilization
- Preventable hospitalizations and ED visits – costs and predictors
- Out-of-pocket cost burden – trend over time

## ❑ *Reconvening workgroup to finalize approach for priorities:*

- Create semantic alignment, and define scope
- Evaluate data availability and feasibility to support prioritized items
- Identify policy and program implications and opportunities

## ❑ *OHS allocated \$100K to support analytics*

# Contacts

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Health IT Office Website:

<https://portal.ct.gov/OHS/Services/Health-Information-Technology>